

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.		FILED DATE				
APPLICANT(S)						
CLAIMS						
	DID	DEP	DID	DEP	DID	DEP
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	160					